FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Approval

OMB Number: 3235-0076

Expires:

279276

May 31, 2005

Estimated average burden hours per response . . . 16.00



# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

|        | SEC USE ONLY |        |
|--------|--------------|--------|
| Prefix |              | Serial |
|        |              |        |

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) FOUNDING MEMBER NOTES Filing Under (Check box(es) that apply): 

Rule 504 ☐ Rule 505 □X Rule 506 □ ULOE □ Section 4(6) Type of Filing: DX New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) THE CORE CLUB 55TH STREET LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 375 PARK AVENUE, NEW YORK, NY 10052 (212) 381-7800 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business TO BUILD AND OPERATE A HEALTH CLUB Type of Business Organization corporation ☐ limited partnership, already formed □X other (please specify): LIMITED LIABILITY COMPANY business trust limited partnership, to be formed Year Month DX Actual D Estin ROCESSED Actual or Estimated Date of Incorporation or Organization: 0 0 4 3 FEB 10 2004 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; D Ε CN for Canada; FN for other foreign jurisdiction)

## GENERAL INSTRUCTIONS

## Federai:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

# State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2/99) 1 of 9

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: X□Promoter X□Beneficial Owner X□Executive Officer X□Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) SAUNDERS, JENNIE Business or Residence Address (Number and Street, City, State, Zip Code) 375 PARK AVENUE, NEW YORK, NY 10152 Check Box(es) that Apply: ☐ Promoter X□Beneficial Owner □Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) OWENS, TOM Business or Residence Address (Number and Street, City, State, Zip Code) 393 OCEAN AVENUE, STRATFORD, CT 06615 □Executive Officer Check Box(es) that Apply: Promoter X□Beneficial Owner □Director General and/or Managing Partner Full Name (Last name first, if individual) PICKENS, ERIC Business or Residence Address (Number and Street, City, State, Zip Code) 320 EAST 58th STREET, APT. 12H, NEW YORK, NY 10022 Check Box(es) that Apply: ☐ Promoter XDBeneficial Owner ☐ Executive Officer General and/or □ Director Managing Partner Full Name (Last name first, if individual) THE CORE GROUP MANAGEMENT LLC Business or Residence Address (Number and Street, City, State, Zip Code) 375 PARK AVENUE, NEW YORK, NY 10152 ☐ Executive Officer Check Box(es) that Apply: Promoter X□Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) TCC INTERNATIONAL LLC Business or Residence Address (Number and Street, City, State, Zip Code) 375 PARK AVENUE, NEW YORK, NY 10152 ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

|              |              |              |              |              | В. І         | NFOR         | MATIO        | ON AB        | OUT O                                   | FFERI        | NG           |   |            |        |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---|--------------|--------------|---|------------|--------|
|              |              |              |              |              |              |              |              |              |   |              | •            |   | Yes        | No     |
| 1. H         | as the is    | suer solo    | d, or doe    | s the issu   | uer inten    | d to sell,   | to non-a     | ccredited    | d investor                              | rs in this   | offering:    | ?   |            | ΧП     |
|              |              |              |              |              | Ansv         | ver also i   | n Append     | dix, Colu    | mn 2, if fi                             | iling und    | er ULOE.     |   |            |        |
| 2. W         | /hat is th   | e minim      | num inve     | estment t    | hat will l   | ne accen     | ted from     | any indi     | vidual?                                 |              |              |   | \$ 100     | .000   |
| ,,           | 1140 10 11   |              |              |              |              | or accep     |              | any mar      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              | ••••••       |   |            |        |
| 3 D          | oes the      | offering     | nermit i     | oint oum     | erchin of    | a cinale     | unit?        |              |   |              |              |   | Yes<br>X□  | No     |
|              |              |              |              |              |              |              |              |              |   |              |              |   |            |        |
|              |              |              |              |              |              |              |              |              |   |              |              | ectly or indirectly, any co<br>offering. If a person to b |            |        |
|              |              |              |              |              |              |              |              |              |   |              |              | or states, list the name of                               |            |        |
| de           | ealer. If    | more tha     | an five (    | 5) person    |              |              |              |              |   |              |              | aler, you may set forth the                               |            |        |
|              | or that br   |              |              |              | -            |              |              |              |   |              |              |   |            |        |
| Full N       | ame (Las     | t name fi    | irst, if in  | dividual)    |              |              |              |              |   |              |              |   |            |        |
| <u> </u>     | D            |              |              | N            | - 1 64       |              |              | <u> </u>     |   |              |              |   | 115.43 - 4 |        |
| Busine       | ess or Res   | sidence A    | Adaress (    | Number       | and Stree    | t, City, S   | tate, Zip    | Code)        |   |              |              |   |            |        |
| Name         | of Assoc     | iated Bro    | ker or D     | ealer        |              |              |              |              |   |              |              |   |            |        |
| Tiunio       | 01 110000    |              | , KO, V. D   | 04.01        |              |              |              |              |   |              |              |   |            |        |
|              |              |              |              |              |              |              | olicit Pur   |              |   |              |              |   |            |        |
| (Check       | c"All Sta    | ites" or c   | heck ind     | ividual S    | tates)       |              | •••••        |              |   |              | •••••        |   | □ All S    | States |
| [AL]         | [AK]         | [AZ]         | [AR]         | [CA]         | [CO]         | [CT]         | [DE]         | [DC]         | [FL]                                    | [GA]         | [HI]         | [ID]  |            |        |
| [IL]         | [IN]         | [IA]         | [KS]         | [KY]         | [LA]         | [ME]         | [MD]         | [MA]         | [MI]                                    | [MN]         | [MS]         | [MO]  |            |        |
| [MT]<br>[RI] | [NE]<br>[SC] | [NV]<br>[SD] | [NH]<br>[TN] | [NJ]<br>[TX] | [NM]<br>[UT] | [NY]<br>[VT] | [NC]<br>[VA] | [ND]<br>[WA] | [OH]<br>[WV]                            | [OK]<br>[WI] | [OR]<br>[WY] | [PA]<br>[PR]  |            |        |
|              |              |              |              | dividual)    | [01]         | [ V 1 ]      | [VA]         | [WA]         | [ ** * ]                                | [ 44 1 ]     | [ ( )        | [[                  |            |        |
| Tull IV      | anie (Las    | t manic n    | 1131, 11 111 | Jividuai)    |              |              |              |              |   |              |              |   |            |        |
| Busine       | ss or Res    | sidence A    | Address (    | Number a     | and Stree    | t, City, S   | tate, Zip    | Code)        | ·                                       |              |              |   |            |        |
|              |              |              | ,            |              |              |              | , 1          | ,            | ,                                       |              |              |   |            |        |
| Name         | of Assoc     | iated Bro    | ker or D     | ealer        |              |              |              |              |   |              |              |   |            |        |
|              |              |              |              |              |              |              |              |              |   | _            |              |   |            |        |
|              |              |              |              |              |              |              | olicit Pur   |              |   |              |              |   | ¬ ∧11 €    | States |
| (AL)         | [AK]         | [AZ]         | [AR]         | [CA]         | [CO]         | [CT]         | [DE]         | [DC]         | [FL]                                    | [GA]         | [HI]         | [ID]  | _ An.      | states |
| [IL]         | [N]          | [IA]         | [KS]         | [KY]         | [LA]         | [ME]         | [MD]         | [MA]         | [MI]                                    | [MN]         | [MS]         | [MO]  |            |        |
| [MT]         | [NE]         | [NV]         | [NH]         | [NJ]         | [NM]         | [NY]         | [NC]         | [ND]         | [ОН]                                    | [OK]         | [OR]         | [PA]  |            |        |
| [RI]         | [SC]         | [SD]         | [TN]         | [TX]         | [UT]         | [VT]         | [VA]         | [WA]         | [WV]                                    | [WI]         | [WY]         | [PR]  |            |        |
| Full N       | ame (Las     | t name fi    | rst, if in   | dividual)    | •            |              |              |              |   |              |              |   |            |        |
|              |              |              |              |              |              |              |              |              |   |              |              |   |            |        |
| Busine       | ess or Res   | sidence A    | Address (    | Number a     | and Stree    | t, City, S   | tate, Zip    | Code)        |   |              |              |   |            |        |
| Nome         | of Assoc     | atad Dra     | kor or D     | color        |              |              |              |              |   |              |              |   |            |        |
| Name         | of Assuc     | ialeu Di u   | ikei ui D    | Calci        |              | ,            |              |              |   |              |              |   |            |        |
| States       | in Which     | Person 1     | Listed Ha    | as Solicito  | ed or Inte   | nds to So    | olicit Purc  | hasers       |   |              |              | <u> </u>  |            |        |
|              |              |              |              |              |              |              |              |              |   |              | ••••••       |   | □ All S    | States |
| [AL]         | [AK]         | [AZ]         | [AR]         | [CA]         | [CO]         | [CT]         | [DE]         | [DC]         | [FL]                                    | [GA]         | [HI]         | [ID]  |            |        |
| [IL]         | [IN]         | [IA]         | [KS]         | [KY]         | [LA]         | [ME]         | [MD]         | [MA]         | [MI]                                    | [MN]         | [MS]         | [MO]  |            |        |
| [MT]         | [NE]         | [NV]         | [NH]         | [NJ]         | [NM]         | [NY]         | [NC]         | [ND]         | [OH]                                    | [OK]         | [OR]         | [PA]  |            |        |
| [RI]         | [SC]         | [SD]         | [TN]         | [TX]         | [UT]         | [VT]         | [VA]         | [WA]         | [WV]                                    | [WI]         | [WY]         | [PR]  |            |        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A   |   |   |
|----|--|---|---|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount  |   |   |
|    | "none" or "zero". If the transaction is an exchange offering, check this box □ and indicate  | in the columns below  | w the amounts of the  |
|    | securities offered for exchange and already exchanged.   |   |   |
|    | Type of Security   | Aggregate Offering Price  | Amount Already<br>Sold  |
|    | Debt   | \$12,000,000  | \$3,800,000   |
|    | Equity   | \$0   | \$0   |
|    | ☐ Common ☐ Preferred   |   |   |
|    | Convertible Securities (including warrants)  | \$0   | \$0   |
|    | Partnership Interests  | \$0   | \$0   |
|    | Other (Specify)  | \$0   | \$0   |
|    | Total  | \$12,000,000  | \$3,800,000   |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | . ,   | , ,   |
| 2  | Enter the number of accredited and non-accredited investors who have purchased securities  | s in this offering and  | the apprepate dollar  |
|    | amounts of their purchases. For offerings under Rule 504, indicate the number of person aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or  | ns who have purchase<br>r "zero."<br>Number   |   |
|    |  | Investors   | of Purchases  |
|    | Accredited Investors   | 38  | \$3,800,000   |
|    |  |   |   |
|    | Non-accredited Investors   | 0   | \$0   |
|    | Non-accredited Investors   | 0   | \$0<br>\$   |
|    | Total (for filings under Rule 504 only)  |   | \$  |
| 3. | Total (for filings under Rule 504 only)  | ll securities sold by t   | \$he issuer, to date, in  |
| 3. | Total (for filings under Rule 504 only)  | ll securities sold by t   | \$he issuer, to date, in  |
| 3. | Total (for filings under Rule 504 only)  | Il securities sold by t<br>n this offering. Class<br>Type of<br>Security  | \$he issuer, to date, in ify securities by type Dollar Amount   |
| 3. | Total (for filings under Rule 504 only)  | Il securities sold by to the sold the sold in this offering. Class  Type of Security  | \$he issuer, to date, in ify securities by type  Dollar Amount  Sold  |
| 3. | Total (for filings under Rule 504 only)  | Ill securities sold by to this offering. Class  Type of Security  | \$he issuer, to date, in ify securities by type  Dollar Amount  Sold  \$  |
| 3. | Total (for filings under Rule 504 only)  | Ill securities sold by to this offering. Class  Type of Security  | \$he issuer, to date, in ify securities by type  Dollar Amount Sold \$  |
|    | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities is listed in Part C-Question 1.  Type of Offering  Rule 505  | Ill securities sold by to the this offering. Class  Type of Security  f the securities in this is as subject to future of the securities. | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$ \$ \$ \$ s offering. Exclude                                    |
|    | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities is listed in Part C-Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of amounts relating solely to organization expenses of the issuer. The information may be giver amount of an expenditure is not known, furnish an estimate and check the box to the left of the  | Type of Security  If the securities in this as subject to future of e estimate.   | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$ \$ \$ \$ offering. Exclude contingencies. If the                |
|    | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities is listed in Part C-Question 1.  Type of Offering  Rule 505  | Ill securities sold by to the securities in this as subject to future of e estimate.  | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$ \$ \$ \$ s offering. Exclude contingencies. If the              |
|    | Total (for filings under Rule 504 only)  | Type of Security  f the securities in thin as subject to future of estimate.  | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$ \$ \$ \$ offering. Exclude contingencies. If the  \$0 \$215,000 |
|    | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities is listed in Part C-Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of amounts relating solely to organization expenses of the issuer. The information may be given amount of an expenditure is not known, furnish an estimate and check the box to the left of the Transfer Agent's Fees  | Type of Security  f the securities in thi as subject to future of estimate.   | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$   |
|    | Total (for filings under Rule 504 only)  | Ill securities sold by ton this offering. Class  Type of Security  f the securities in this as subject to future of e estimate.           | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$   |
|    | Total (for filings under Rule 504 only)  | Type of Security  f the securities in thin as subject to future of e estimate.  X  X  | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$   |
|    | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities is listed in Part C-Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of amounts relating solely to organization expenses of the issuer. The information may be giver amount of an expenditure is not known, furnish an estimate and check the box to the left of th  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees | Type of Security  f the securities in thi as subject to future of e estimate.   | he issuer, to date, in ify securities by type  Dollar Amount Sold  \$   |

| b. Enter the difference between the aggregate of response to Part C-Question 4.a. This difference  |   |   | enses furnished in    |
|--|---|---|-----------------------|
| 5. Indicate below the amount of the adjusted gross the amount for any purpose is not known, furnishisted must equal the adjusted gross proceeds to the state of t | h an estimate and check the box to the lef      | t of the estimate. The                                |                       |
|  |   | Payments to<br>Officers,<br>Directors &<br>Affiliates | Payments To<br>Others |
| Salaries and fees  |   |   | □ \$                  |
| Purchase of real estate  |   | □ \$0   | □ \$                  |
| Purchase, rental or leasing and installation of  | of machinery and equipment                      | X \$1,650,000   | □ \$                  |
| Construction or leasing of plant buildings a   | nd facilities                                   | X \$8,300,000   | □ \$                  |
| Acquisition of other businesses (including to offering that may be used in exchange for the  | he assets or securities of another issuer       | FI 60   |                       |
| pursuant to a merger)  |   |   | □ \$                  |
| Repayment of indebtedness  |   |   |                       |
| Working capital  |   | X \$1,700,000   | □ \$                  |
| Other (specify):   |   |   |                       |
|  |   | □ \$  | □ \$                  |
| Column Totals  |   |   | □ \$                  |
| Total Payments Listed (column totals added).   |   | X \$ 1  | 1,650,000             |
| F  | E. FEDERAL SIGNATURE                            |   |                       |
| The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the request of its staff, the information furnished by the is   | issuer to furnish to the U.S. Securities and    | Exchange Commission                                   | on, upon written      |
| Issuer (Print or Type)   |   |   |                       |
| THE CORE CLUB 55TH STREET LLC  | Signature                                       | Date: Feb.  | 4,2004                |
| Name of Signer (Print or Type) JENNIE SAUNDER  | S Title of Signer (Print or Type) CHIE          | F EXECUTIVE OFFI                                      | CER & PRESIDENT       |
|  |   |   |                       |
|  |   |   |                       |
| Intentional misstatements or omissions of  | ATTENTION fact constitute federal criminal viol | ations. (See 18 U.                                    | S.C. 1001.)           |
|  |   |   |                       |

D. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|    | F. STATE SIGNATURE   |     |          |
|----|--|-----|----------|
| 1. | ls any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No<br>X□ |
|    | See Appendix, Column 5, for state response.  |     |          |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)        | Signature                         | Date:      |
|-------------------------------|-----------------------------------|------------|
| THE CORE CLUB 55TH STREET LLC |                                   | reb.4,2004 |
| Name (Print or Type)          | Title (Print or Type)             |            |
| JENNIE SAUNDERS               | CHIEF EXECUTIVE OFFICER & PRESIDE | ENT        |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |  |    |                       |                         | APPENDIX                             |  |        |     |    |
|-------|--|----|-----------------------|-------------------------|--------------------------------------|--|--------|-----|----|
| 1     |  | 2  | 3                     |                         |                                      | 4  |        |     | 5  |
|       | Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in State (PartC-Item 1) |    |                       |                         | Type of lr<br>amount purc<br>(Part C | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |        |     |    |
|       |  |    |                       | Number of<br>Accredited |                                      | Number of<br>Nonaccredite  |        |     |    |
| State | Yes  | No |                       | Investors               | Amount                               | d Investors  | Amount | Yes | No |
| AL    |  | X  |                       |                         |                                      |  |        |     |    |
| AK    |  | Х  |                       |                         |                                      |  |        |     |    |
| AZ    |  | X  |                       |                         |                                      |  |        |     |    |
| AR    |  | Х  |                       |                         |                                      |  |        |     |    |
| CA    |  | X  | DEBT-<br>\$12,000,000 | 2                       | \$200,000                            |  |        |     | X  |
| CO    |  | Х  |                       |                         |                                      |  |        |     |    |
| CT    |  | X  | DEBT-<br>\$12,000,000 | 2                       | \$200,000                            |  |        |     | X  |
| DE    |  | Х  |                       |                         |                                      |  |        |     |    |
| DC    |  | X  |                       |                         |                                      |  |        |     |    |
| FL    |  | X  |                       |                         |                                      |  |        |     |    |
| GA    |  | X  |                       |                         |                                      |  |        |     |    |
| HI    |  | X  |                       |                         |                                      |  |        |     |    |
| ID    |  | X  |                       |                         |                                      |  |        |     |    |
| IL    |  | Х  |                       |                         |                                      |  | -      |     |    |
| IN    |  | Х  |                       |                         |                                      |  |        |     |    |
| IA    |  | Х  |                       |                         |                                      |  |        |     |    |
| KS    |  | Х  |                       |                         |                                      |  |        |     |    |
| KY    |  | Х  |                       |                         |                                      |  |        |     |    |
| LA    |  | Х  |                       |                         |                                      |  |        |     |    |
| ME    |  | х  |                       |                         |                                      |  |        |     |    |
| MD    |  | х  |                       |                         |                                      |  |        |     |    |
| MA    |  | х  | DEBT-<br>\$12,000,000 | 1                       | \$100,000                            |  |        |     | х  |
| MI    |  | х  | DEBT-<br>\$12,000,000 | 1                       | \$100,000                            |  |        |     | Х  |
| MN    |  | Х  |                       |                         |                                      |  |        |     |    |
| MS    |  | X  |                       |                         |                                      |  |        |     |    |

|       |  |    |                       |                                      | APPENDIX   |  |        |     |     |
|-------|--|----|-----------------------|--------------------------------------|--|--|--------|-----|-----|
| 1     |  | 2  | 3                     |                                      |  |  | 5      |     |     |
|       | Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in State (PartC-Item 1) |    |                       | Type of Ir<br>amount purc<br>(Part C | Disqualification under<br>State ULOE (if yes,<br>attach explanation of<br>waiver granted)<br>(Part E-Item 1) |  |        |     |     |
| State | Yes  | No |                       | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Nonaccredite<br>d Investors | Amount | Yes | No  |
| MO    | 103  | X  |                       | Investors                            | Amount   | d investors                              | Amount | 103 | 110 |
| MT    |  | X  |                       |                                      |  |  |        |     |     |
| NC    |  | X  |                       |                                      |  |  |        |     |     |
| NE    |  | X  |                       |                                      |  |  |        |     |     |
| NV    |  | х  |                       |                                      |  |  |        |     |     |
| NH    |  | x  |                       |                                      |  |  |        |     |     |
| NJ    |  | Х  | DEBT-<br>\$12,000,000 | 1                                    | \$100,000  |  |        |     | Х   |
| NM    |  | Х  |                       |                                      |  |  |        |     |     |
| NY    |  | X  | DEBT-<br>\$12,000,000 | 28                                   | \$2,800,000  |  |        |     | X   |
| ND    |  | х  |                       |                                      |  |  |        |     |     |
| ОН    |  | Х  |                       |                                      |  |  |        |     |     |
| ОК    |  | Х  |                       |                                      |  |  |        |     |     |
| OR    |  | Х  |                       |                                      |  |  |        |     |     |
| PA    |  | X  | DEBT-<br>\$12,000,000 | 1                                    | \$100,000  |  | ·<br>  |     | Х   |
| RI    |  | Х  |                       |                                      |  |  |        |     |     |
| SC    |  | Х  |                       |                                      |  |  | ·      |     |     |
| SD    |  | Х  |                       |                                      |  |  |        |     |     |
| TN    |  | Х  |                       |                                      |  |  |        |     |     |
| TX    |  | Х  | DEBT-<br>\$12,000,000 | 1                                    | \$100,000  | ·  |        |     | Х   |
| UT    |  | Х  |                       |                                      | <u> </u>   |  |        |     |     |
| VT    |  | Х  |                       |                                      |  |  |        |     |     |
| VA    |  | Х  |                       |                                      |  |  |        |     |     |
| WA    |  | х  |                       |                                      |  |  |        |     |     |
| WV    |  | Х  |                       |                                      |  |  |        |     |     |
| WI    |  | Х  |                       |                                      |  |  |        |     |     |

|       |   |    |   |  | APPENDIX  |  |        |  |    |  |
|-------|---|----|---|--|-----------|--|--------|--|----|--|
| 1     |   | 2  | 3   |  |           | 5  |        |  |    |  |
|       | Intend to sell to<br>non-accredited<br>investors in<br>State<br>(Part B-Item 1) |    | Type of security and aggregate offering price offered in State (PartC-Item 1) | Type of Investor and amount purchased in State (Part C-Item 2) |           |  |        | Disqualification under<br>State ULOE (if yes,<br>attach explanation of<br>waiver granted)<br>(Part E-Item 1) |    |  |
| State | Yes   | No |   | Number of<br>Accredited<br>Investors                           | Amount    | Number of<br>Nonaccredite<br>d Investors | Amount | Yes  | No |  |
| WY    |   | X  |   |  |           |  |        |  |    |  |
| PR    |   | X  |   |  |           |  |        |  |    |  |
| USVI  |   | Х  | DEBT-<br>\$12,000,000   | 1  | \$100,000 |  |        |  | Х  |  |